11-23-05

PTO/SB/22 (12-04)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | Docket Number (Optional) | |
|---|--------------------------|------------------|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | 05402/100M695-US1 | |
| Application Number 09/392,842 | Filed So | eptember 9, 1999 |
| For TOPICAL DERMAL ANTIMICROBIAL COMPOSITIONS, METHODS FOR GENERATING SAME, AND MONITORING METHODS USING SAME | | |
| Art Unit 1617 | Examiner | S. J. Sharareh |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| Fee (27 OFD 4 47(2)/4)\ | Small Entity Fe | <u>e</u> \$ |
| One month (37 CFR 1.17(a)(1)) \$120 | \$60 | |
| Two months (37 CFR 1.17(a)(2)) \$450 | \$225 | \$ |
| X Three months (37 CFR 1.17(a)(3)) \$1020 | \$510 | \$ 1,020.00 |
| Four months (37 CFR 1.17(a)(4)) \$1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. X A check in the amount of the fee is enclosed. | | |
| Payment by credit card. Form PTO-2038 is attached. | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100 . I have enclosed a duplicate copy of this sheet. | | |
| | | |
| I am the applicant/inventor. | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | |
| attorney or agent of record. Registration Number | | - ,. |
| | | |
| attorney or agent under 37 CFR 1.34. Registration oumber if acting under 37 CFR 1.34 | | |
| 1 A Who | | |
| Signature | November 21, 2005 Date | |
| Lydia Gayle Olson | (212) 527-7700 | |
| Typed or printed name | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |

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